

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

4-4-05

SERIAL NO.

09/800843

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		X X			
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TOTAL IND.	7		7			
TOTAL DEP.	5		3			
TOTAL CLAIMS	12		10			

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		7	
TOTAL DEP.		3	
TOTAL CLAIMS	12		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy